09/902555

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

8/358 - ZOD

		CLAIMS A	S FILED .		SMALL ENTITY			OTHE	THAN			
_			(Column 1)		(Colu	(Column 2)		TYPE		OR	OTHER SMALL	
TOTAL CLAIMS			16					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		•			X40=		OR	X80=	
ML	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+135=		1	· · · · · · · · · · · · · · · · · · ·	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2	' l	TOTAL		OR	+270=	<b>→</b> ,
CLAIMS AS AMENDED - PART II							IOIAL		OR	TOTAL OTHER	// O	
_		(Column 1)	(Column HIGHES		nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus	2	0	=		X\$ 9=		OR	X\$18=	•
	Independent 2 Minus		OF NOENT	CLADA			X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							L	TOTAL ADDIT, FEE			TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	ŕ			•	100H, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TЮNAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		]=	T	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF ML	CTIPLE DEF	ENDEN	CLAIM		┚┢	+135=		l	+270=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		/Colum	- n 17)	(Calumn a)	A	DDIT. FEE L		OR,	ADDIT. FEE	
	T. T	CLAIMS	·	(Colun	EST	(Column 3)	l		ADDI	r		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	lΓ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		=		X40=		ı	X80=	
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b> -	+135=		OR		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** 1	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"									OR A	TOTAL DDIT. FEE	
		ber Previously Paid					r toun	d in the appi	opriate box	in colu	ımn 1.	